

Name
in
Full

Mrs Ann E. Bean.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------|----------------------------------------------------------------|---------------------------|--------|----------|---------|
| Died at ^{Town} 2d district. | | ^{County} St Mary | | MARYLAND | |
| Date of death 1900 | Month May | Day 11 | Age 59 | Months 1 | Days 16 |
| Sex female | Color or Race white | Birth-place St Marys Dist | | | |
| Occupation as wife | Where Reading if not at place of death 2nd dist Place of death | | | | |
| Married, Single or Widowed married | Name of Wife or Husband Mr John S. Bean | | | | |
| Father's Name Mr Edward Tenhagan. | Father's Birthplace Maryland. | | | | |
| Mother's Maiden Name Mrs Jane Morris | Mother's Birthplace Maryland. | | | | |
| Name of person giving information Mr John S. Bean | How related to deceased husband. | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|-------------------------|------------------------|-------------------|
| Primary | Angina Pectoris, altes. | How long | 50 14 months |
| Immediate | Stenosis tricuspidalve | How long | 1/2 hour |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | C. R. Brown, M.D. |
| | | Address | Red Gate Md |
| Accident or Suicide? | | | |

